



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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September 22, 2009

Tom Whittemore
Communicare, Inc #8 Lincoln
40 West Franklin Road, Suite F
Meridian, ID 83642

RE: Communicare, Inc #8 Lincoln, provider #13G062

Dear Mr. Whittemore:

This is to advise you of the findings of the Medicaid/Licensure survey of Communicare, Inc #8 Lincoln, which was conducted on September 17, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **October 5, 2009**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

This request must be received by October 5, 2009. If a request for informal dispute resolution is received after October 5, 2009, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



MICHAEL A. CASE
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MC/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/21/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2009
NAME OF PROVIDER OR SUPPLIER COMMUNICARE, INC #8 LINCOLN			STREET ADDRESS, CITY, STATE, ZIP CODE 1128 N LINCOLN JEROME, ID 83338		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS The following deficiencies were cited during the annual recertification survey. The survey was conducted by: Michael Case, LSW, QMRP, Team Lead Jim Troutfetter, QMRP Common abbreviations/symbols used in this report are: IPP - Individual Program Plan LPN - Licensed Practical Nurse	W 000			
W 324	483.460(a)(3)(ii) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes immunizations, using as a guide the recommendations of the Public Health Service Advisory Committee on Immunization Practices or of the Committee on the Control of Infectious Diseases of the American Academy of Pediatrics. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure immunizations as recommended by the Public Health Service Advisory Committee were provided for 1 of 4 individuals (Individual #3) whose records were reviewed. This resulted in the potential for preventable illness to occur. Findings include: 1. Individual #3's 10/22/08 IPP stated he was a 71 year old male whose diagnoses included severe mental retardation and diabetes. Individual #3's record contained a Clinic Note,	W 324	W 324 Corrective Actions: This individual has now received the pneumococcal vaccination. Identifying Others Potentially Affected: All others at this location are potentially affected and the RN will again review immunization status for these individuals during her 10/09 records review. System Changes: It is now the practice that the RN Supervisor reviews all current Physician summaries, orders, recommendations, etc. on a routine basis and this generally occurs monthly. This procedure has been added to our "Nursing Services Manual" under "Medical Record" and a copy of this updated policy is attached.		10-2-2009

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Administrator (X6) DATE 10-5-2009

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 324	Continued From page 1 dated 3/23/09, which stated a pneumococci vaccination was recommended by the physician. However, Individual #3's record did not contain documentation a pneumococci vaccination had been received. During an interview on 9/17/09 from 10:00 - 10:25 a.m., the LPN stated Individual #3 had not received a pneumococci vaccination. The LPN stated she attempted to find out from Individual #3's sister if one had been received prior to admission, but had not followed through. The facility failed to ensure Individual #3 received a pneumococci vaccination.	W 324	Monitoring: The RN Supervisor reviews all current Physician summaries, orders, recommendations, etc. on a routine basis and this generally occurs monthly. This review is documented on the Monthly "Nursing Summaries".		
W 381	483.460(l)(1) DRUG STORAGE AND RECORDKEEPING The facility must store drugs under proper conditions of security. This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to ensure drugs were stored securely for 8 of 8 individuals (Individuals #1 - #8) residing at the facility. This resulted in controlled drugs not being kept under a double lock system. Findings include: 1. During an environmental assessment on 9/16/09 from 9:15 - 9:40 a.m., the following medications were found under single lock in the medication cabinet: - Individual #8's Valium [an anxiolytic drug] 5 mg, one blister pack containing 2 tablets. - Individual #4's Phenobarbital [an anticonvulsant drug] 30 mg, one blister pack containing 4 tablets.	W 381	W 381 Corrective Actions: Narcotics are now stored in a double locked system. Identifying Others Potentially Affected: All others at this location are potentially affected. System Changes: Instruction for the proper storage of controlled drugs was specified in our current medication administration policy. We have updated our Medication Incident Disciplinary Policy (see attached) to address corrective actions to take when employees do not follow established medication administration policy. The RN Supervisor will also be starting an agency wide system of periodic medication pass recertification and current med passer at this location, including management level staff, will be involved in this		10-31-2009

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W 381	<p>Continued From page 2</p> <p>- Individual #4's Hydrocodone/APAP [a pain drug] 5-325 mg, one blister pack containing 4 tablets, and one blister pack containing 16 tablets.</p> <p>The Nursing 2008 Drug handbook stated Valium and Phenobarbital were both schedule IV controlled drugs.</p> <p>The United States Drug Enforcement Administration [www.usdoj.gov/dea] listed Hydrocodone/APAP as a schedule III controlled drug.</p> <p>When asked during an interview on 9/17/09 from 10:00 - 10:25 a.m., the LPN stated the drugs should have been under the facility's double lock system, but were not due to an oversight.</p> <p>The facility failed to ensure all controlled drugs were stored under a double lock system.</p>	W 381	<p>training 10/09. This recertification will review medication storage expectations.</p> <p>Monitoring: Not properly storing medications is considered a medication incident according to CCI policy. All medication incidents are documented and reviewed by both management and nursing staff. Disciplinary action as outlined on the attached policy will occur.</p>		

Bureau of Facility Standards

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MM380	<p>16.03.11.120.03(a) Building and Equipment</p> <p>The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the facility was kept clean, sanitary, and in good repair for 8 of 8 individuals (Individuals #1 - #8) residing in the facility. This resulted in the environment being kept in ill-repair. The findings include:</p> <p>During an environmental survey conducted on 9/16/09 from 9:15 - 9:40 a.m., the following concerns were noted:</p> <ul style="list-style-type: none"> - A 4 foot section of linoleum in front of the pantry was peeling up and away from the sub floor. - A chair in the living room had a 2 inch rip in the back exposing a metal strip, and the metal strip was sticking out from the chair exposing sharp edges. - There was a loose toilet seat in the bathroom on the left side of the hall going toward the bedrooms. <p>The facility failed to ensure environmental repairs were completed.</p>	MM380	<p><u>MM380</u></p> <p>The edge of linoleum in kitchen cabinets used as a pantry is exposed where the floor meets the kick plate. We will replace the mop board in that area which will secure the linoleum.</p> <p>The Chair in living room with the rip and exposed metal will be repaired or replaced.</p> <p>The loose toilet seat has been tightened. Due to the type of use the seat is and tightened as a part of the night shift cleaning duties.</p> <p>These items are also routinely checked no less often then monthly through the Preventative Maintenance Checklist process and form by the AQ and Administrator.</p>	10-31-2009
MM419	<p>16.03.11.120.06(b) Medical Supplies and Equipment</p>	MM419	<p><u>MM419</u></p> <p>Please refer to W381.</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Administrative* TITLE (X6) DATE **10-5-2009**

STATE FORM

6698

8C7H11

If continuation sheet 1 of 2

Bureau of Facility Standards

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MM419	Continued From page 1 The facility must provide safe and adequate storage of medical supplies and equip a space appropriate for the preparation of medications. This Rule is not met as evidenced by: Refer to W381.	MM419		
MM548	16.03.11.210.02(g) Immunization Record of immunizations; and This Rule is not met as evidenced by: Refer to W324.	MM548	<u>MM548</u> Please refer to W324.	